

# 2011 Upper Midwest All-Star Championship

## REGISTRATION FORM

Mail the following no later than **DECEMBER 18th, 2010:**

- One registration form for EACH team.
- Team Roster and Proof of Team Affiliation
- All-Star Teams MUST provide Certificate of Insurance
- ONE check Per Team – No Multiple Checks Accepted!
- Participant Waivers are completed and mailed or scanned and emailed no later than January 25<sup>th</sup>, 2011.

**Mail To:** MCCA Upper Midwest All Star Championship, PO BOX 211277, Eagan, MN 55121

**NOTE: A Late Fee of \$5 per team participant will be due if registration is postmarked after December 18th, 2010.**

**REGISTRATION WILL NOT BE ACCEPTED IF POSTMARKED AFTER JANUARY 8<sup>th</sup>, 2011.**

**PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY**

Gym/School Name: \_\_\_\_\_

Gym/School Address: \_\_\_\_\_

Gym/School Phone: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Coach Home Phone: \_\_\_\_\_

Coach Email: \_\_\_\_\_

**PUT AN "X" BY YOUR DIVISION SELECTION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Tiny (Level 1 Only)<br><input type="checkbox"/> Mini (Levels 1-3)<br><input type="checkbox"/> Youth (Levels 1-5)<br><input type="checkbox"/> Junior (Levels 1-5)<br><input type="checkbox"/> Junior Co-Ed (Levels 3-5)<br><input type="checkbox"/> Senior (Levels 1-5, 4.2) | <input type="checkbox"/> Senior Open (Level 5 Only)<br><input type="checkbox"/> Senior Co-ed (Levels 3, 4)<br><input type="checkbox"/> Senior Limited Co-Ed (Level 5 Only)<br><input type="checkbox"/> Senior Semi-Limited Co-ed (Level 5 Only)<br><input type="checkbox"/> Senior Unlimited Co-ed (Level 5 Only) |
|--|---|

**LEVEL** \_\_\_\_\_ **Team Size:** (Circle)      **Small**      **Large**

**NOTE: Small/Large Divisions may be combined based upon the guidelines of USASF.**

NUMBER OF TEAM MEMBERS \_\_\_\_\_ @ \$20.00/each = \$ \_\_\_\_\_

(Registered by November 15<sup>th</sup>, 2010)

NUMBER OF TEAM MEMBERS \_\_\_\_\_ @ \$25.00/each = \$ \_\_\_\_\_

(Registered between November 16<sup>th</sup> and December 18<sup>th</sup>, 2010)

NUMBER OF ALTERNATES/CROSSOVERS \_\_\_\_\_ @ \$15.00/each = \$ \_\_\_\_\_

NUMBER OF PARENT CHAPERONES \_\_\_\_\_ @ \$10.00/each = \$ \_\_\_\_\_

(Tiny, Mini, Youth, and Junior Teams only, 1 parent for every 6 participants)

LATE FEE \_\_\_\_\_ @ \$5.00/team member = \$ \_\_\_\_\_

(Add on after December 18<sup>th</sup>, 2010)

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

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## TEAM ROSTER

Submit ONE Roster for each team you are bringing  
Please list all coaches and team members attending

Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach: \_\_\_\_\_

**Team Members:** Name and Age for All -Star Teams

**AGE as of August 31, 2010 will be used to determine divisions**

**Please place a STAR next to the names of team members who are CROSSOVERS.**

	<u>Name</u>	<u>Age</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____
31.	_____	_____
32.	_____	_____
33.	_____	_____
34.	_____	_____
35.	_____	_____
36.	_____	_____

### All Star Team Director Recognition

I confirm that all participants listed on this roster are the correct age for the division entered. They all have primary medical insurance coverage. Additionally I certify that the team is covered by a liability/catastrophic injury insurance policy held by the gym or coach.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Title: \_\_\_\_\_

Telephone Number:  
\_\_\_\_\_